



FOR OFFICE USE ONLY

Issued _____ Approved _____
Business License No. _____
Application/License Fee _____
Other Fee _____
Total _____
☐ Check ☐ Cash ☐ Charge Business Code: _____
Receipt # _____ Date Rec'd _____
Zoning District: _____ CUP#: _____

BUSINESS LICENSE APPLICATION

1. Business Information-Please type or print clearly ☐ ORIGINAL APP. CHANGE OF ☐ ADDRESS ☐ OWNERSHIP ☐ BUSINESS NAME

Business Name _____
Business Address _____ City _____ St _____ Zip _____
Mailing Address _____ City _____ St _____ Zip _____
Bus. Phone () _____ Business Start Date _____
Federal ID: ☐ SSN _____ ☐ FEIN _____
Sales Tax # _____ Utah Corp.,LP or LLC #: _____
Property Owners Name _____ Phone () _____
Property Owners Address _____ City _____ St _____ Zip _____
Business Organization: ☐ Independent/Sole Proprietor ☐ Corporation ☐ Partnership ☐ Limited Liability Corporation ☐ Limited Partnership
☐ Profit Corporation ☐ Non-Profit Corporation
Has Brigham City ever licensed the applicant(s)/owner(s)? ☐ Yes ☐ No, If yes, when? _____
Under what business name? _____
Describe Business: (Add additional pages as needed)

2. Check All That Apply Note: See Title 14 for Specific requirements. Additional information may be required for specialty licenses.)
Use special forms for Beer, Cabaret, Sexually Oriented Business

☐ Alarm System ☐ Agriculture Vendor ☐ Apartments ☐ Auction/Auctioneer ☐ Christmas Tree Sale ☐ Collection of Garbage/Waste
☐ Commercial ☐ Construction Contractor ☐ Cosmetology ☐ Home Occupation (See Home Occ. Form) ☐ Handyman ☐ Pawnbroker
☐ Solicitor ☐ Outside City Limits ☐ Insurance ☐ Private Police/Detective ☐ Nail Technician ☐ Massage Therapist
☐ Other ☐ Special Event ☐ Swap Meet ☐ Public Dance ☐ Mechanical Amusement Device

☐ Temporary Merchant License - Location _____ Dates of Sale _____ Temp. Sales Tax# _____

3. Business Owner or Agent Information

Business Owner's Name _____ Date of Birth ____/____/____

Or Registered Agent _____

For Corporations, Limited Partnerships, Limited Liability Corps. Only)

Drivers License# _____ St _____ Home Phone () _____
Home Address _____ St _____ Zip _____
State License Type (If applic.) _____ Lic. # _____ Exp. Date _____
Alternate Contact _____ Phone() _____

4. Verification of Accuracy - Acknowledgment of Responsibility

Under penalty of perjury, I hereby certify that the information provided for this entire application is complete and accurate. I further certify that updated information will be provided in writing or on a new application, as required, to the Brigham City Business License Division within 30 days of any change to the business, name, organization, or location. I hereby acknowledge that illegal or fraudulent business practices are grounds for revocation of the business license. I (we) further agree to not conduct said business until the license has been approved.

Signature of Authorized Agent/Owner Date _____

Signature of Authorized Agent/Owner Date _____

5. License Fee Calculations Note: A list of additional Licensing Fees and Bond Requirements is available upon request from the Licensing Department.

a. General Business License Fee (48.00 Annual Fee)

\$ _____

Total \$ _____

Required Sign Permits and Conditional Use are the responsibility of the business to apply and pay for on the respective applications.

6. For Office Use Only

Zoning: Approved by _____ Date _____

☐ **Temporary License (12 Month)** Approved by _____ Date _____ From _____ To _____

☐ **Land Use** _____ Date _____ ☐ **Bonding** _____ Date _____ ☐ **Sign Permit** _____ Date _____

Life/Safety:

☐ **Temporary (60 Day)** _____ Date _____ _____ Date _____ From _____ To _____

☐ **Permanent License:** _____ Date _____
Inspection Fire Marshal
Inspection Fire Marshal

☐ **Bear River Health Dept.** _____ Date _____

☐ **Police Dept.** _____ Date _____

Comments: _____